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Attorney Docket Number

PLANT PAT	FNT	Attorney Bocket Hun	ilbei -	
APPLICATION (35 U.S.C. 161) DECLARATION		First Named Inventor Vlielander		ander
		COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number	/	
Submitted with Initial OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date		
		Group Art Unit		
	required)	Examiner Name		
As a below named inventor, I he	reby declare that:			
My residence, mailing address, and	d citizenship are as stated	d below next to my name.		
I believe I am the original, first and names are listed below) of the nev		name is listed below) or	an original, first and j	oint inventor (if plural
Kalanchoe				
plant named: Fiveranda Pink				
which is claimed and for which a pl	ant patent is sought, the	specification of which		
is attached hereto or was filed on (MM/DD/YYYY) as United States				
Application Number	and was an	nended on (MM/DD/YYYY	7)	(if applicable).
thereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above.				
I have asexually reproduced the plant to which this application applies. Said plant was found in a cultivated area (check this box for newly found plant only)				
				including for continuation-in-
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in- part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

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PTO/SB/03 (03-01)

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DECLARATION – Plant Patent Application

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I hereby declare that all statements made herein of a re believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ments were made with, under 18 U.S.C.	vith the knowledge that will	ful false statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A petition has been	filed for this unsigned inventor
Given Ike Name		Family Name Viielan	der
Inventor's Signature			Date Feb. 05 2004
Residence: City Maasland	State	Netherlands	Netherlands Citizenship
Mailing Address P.O. Box 26			• :
Mailing Address 2678 ZG			
City De Lier	State	Zip	Country Netherlands
NAME OF SECOND INVENTOR:		A petition has been	filed for this unsigned inventor
Given Name		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address		·	
Mailing Address			
City	State	Zip	Country
Additional inventors are being named on thes	supplemental Addition	nal Inventor(s) sheet(s) PT	O/SB/02A attached hereto.

PTO/SB/81 (10-00)

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AUTHOR	IZAT	ON (OF AC	GENT

Application Number	
Filing Date	
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Examiner Name	
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I am the: X Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Ike VIielander				
Signature				
Date V feb 05 20.4				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
□ *Total of 1 forms are submitted				